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DIVISION OF THE TENDO ACHILLIS IN CERTAIN INJURIES ABOUT THE ANKLE.

BY GEORGE W. GAY, M.D.,

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Mr. C., a laborer, aged forty-five, fell from a step two or three feet high, striking on the pavement upon his left side. He was brought immediately to the hospital. On examination he was found to have a fracture of the left fibula, an inch and a half from its lower extremity. The symptoms were crepitus, increased mobility, and local tenderness. The foot was dislocated on the tibia backwards and outwards, as was indicated by an undue prominence of the heel behind, of the lower end of the tibia in front, and by inability to flex the foot to a right angle. The internal lateral ligament was partially ruptured, giving a deformity not unlike that seen in equino-valgus.

The leg was placed in a fracture-box, but all efforts to remove either the lateral or the antero-posterior deformity were unsuccessful. On the fifth day the patient was etherized, and renewed but unsuccessful efforts were made to remove the deformity. The tendo Achillis was now divided, and the foot easily restored to its natural position. The leg was replaced in the fracture-box; the foot was kept at a right angle to the leg by means of the foot-piece, and the lateral deformity removed by side pads.

The subsequent treatment gave very little trouble to either patient or surgeon. The straps and pads required adjusting only once in two or three days, instead of two or three times a day, as before the tenotomy. The patient suffered no pain whatever after the operation.

He was discharged five weeks after the injury. He could walk at this time without a cane, and had only a slight limp. The foot was in its normal position, the tendon firmly united; the motion of the ankle-joint was fair, and rapidly improving. There was no pointing of the toes to prevent him from placing his foot directly under him with the heel upon the ground, and taking a natural step.

Four months after the accident the patient reported himself well. He could walk as well as ever, and said the injured limb was nearly as

strong as the other. There was neither swelling nor deformity. Recovery was complete.

Fractures at or near the ankle are apt to be followed by impaired motion, which may last for weeks or even months after the original lesion of bones and ligaments is repaired. The same is also true of dislocations of the foot, whether accompanied by fracture of the bones of the leg or not.

In all of these cases of injury in the vicinity of the ankle-joint there is a marked tendency in the foot to point downwards; and unless this tendency be corrected in season, the convalescence may be long and tedious. This is due to the fact that, as the patient's foot is anchylosed at an obtuse angle, he cannot put it under him parallel with the other, when standing on the sound limb. On the contrary, he carries or pushes it along in front, bearing little or no weight upon it, until the impairment of motion is so far removed as to allow flexion of the foot to a right angle with the leg. It is only when the foot is in this position that the patient can place his heel squarely upon the ground, opposite the other, and take a natural step. He cannot do this when the foot is fixed in an extended position.

If care be taken during the treatment of these cases to keep the foot flexed at a right angle, when the patient gets able to stand on the well leg, he can swing the other under him, the foot clearing the ground without any abduction. The heel can be placed in its natural position upon the floor, so that all parts of the foot shall bear their due share of the weight. The patient will get upon his feet sooner, and in most cases walk more easily than he would be able to do were the foot not in this position. The exercise in walking takes the place of passive motion, and is much more effectual in removing the impaired motion of the articulation.

To retain the foot in this flexed position is not infrequently a difficult matter. It requires a constant and in many cases a considerable force, to overcome the tendency of the foot to point downwards. Division of the tendo Achillis allows the foot to be placed in its normal position and easily kept there. This is a safe, easy, and effectual procedure. The subsequent treatment is more comfortable to the patient, and easier for the surgeon. We have known of its being done in several cases of fracture or dislocation near or at the ankle, and with good results in every instance. Mr. Bryant recommends the operation in these words: "When the fracture (of tibia and fibula) is close to the ankle-joint, and any difficulty is experienced in keeping the broken bones in position, from the spasmodic action of the tendo Achillis, the tendon should be divided, this simple operation at once allowing the surgeon to adjust the parts with admirable facility, and rendering the retentive apparatus of real value, while it also allows natural processes of repair to go on uninter-

ruptedly, the divided tendon and broken bones undergoing repair together without a drawback."[1]

There is no reason to fear a non-union of the divided tendon, for an ununited tendo Achillis is almost an unheard-of event. Gross never saw nor heard of a case. William Adams[2] never saw but one case, and in that the tendon had been cut immediately behind the inner malleolus, a point which ought never to be selected for the operation.

From the evidence we have been able to obtain, it would seem that in all cases of tibio-tarsal dislocation, and of fracture of tibia and fibula in the vicinity of the ankle, when the deformity cannot be readily removed, and the parts kept in their normal position, division of the tendo Achillis is a safe and justifiable operation. The injured parts can thereby be kept in a better position, the treatment is less irksome to the patient and the surgeon, the tendon heals as soon as the original lesion, and the patient walks sooner, and with less difficulty, being able to get upon his feet at the earliest possible moment. He recovers with as good a limb, and in many cases has a shorter and more comfortable convalescence.

REMOVAL OF THE OS COCCYGIS FOR COCCYODYNIA.[3]

[REPORTED BY J. C. IRISH, M. D., OF LOWELL.]

Miss C., forty-four years old, an unmarried seamstress, at the age of fifteen received a fall, whose force came upon the coccyx. The injury was immediately attended in the vicinity of the bone with great pain and soreness, which, however, after a few weeks measurably though not entirely subsided. Four years afterwards, while engaged in her avocation, she began to suffer from neuralgia affecting all the pelvic organs but more especially the anus and rectum. The sitting posture greatly aggravated the pain, as did any movements calling into exercise the muscles attached to the coccyx. Defecation was attended with extreme suffering. Menstruation was regular and normal, except that it was attended with severe neuralgia, referred mainly to the rectum. The patient suffered constantly from pain and tenderness, involving all the pelvic viscera. The several physicians under whose care the patient had placed herself could afford her merely slight and temporary relief, although all the ordinary remedies for neuralgia received a thorough trial.

At the time of examination by Dr. Burnham, January 23, 1875, he found extreme tenderness over the coccyx, the two lower segments of

[1] Practice of Surgery, page 873.

[2] Club-Foot, page 37.

[3] Under the care of Walter Burnham, M. D., of Lowell.

the bone displaced and directed anteriorly at a right angle to the remaining portion, and pressing upon the rectum. He also found retroversion of the uterus. The patient was suffering constantly from severe neuralgic pain, which was greatly increased by sitting or walking. Being informed that nothing but surgical interference would probably afford her any permanent relief, she readily consented to any operation that might be deemed necessary.

January 26th. The patient having been placed on her right side and etherized, Dr. Burnham made an incision two inches in length along the median line, and carefully dissected off the attachments of muscles and ligaments, carrying the knife in close proximity to the bone. This dissection was rendered somewhat tedious from the anterior displacement of the terminal segments; next, the lower portion of the bone was removed with the bone-forceps; lastly, all the remaining muscular attachments as far as the cornua of the coccyx were detached with the scissors. The hæmorrhage was very slight, no vessel of sufficient size to require ligation being severed. The wound was dressed with a compress wet in carbolic acid. During the forty-eight hours following the operation, the patient suffered severe pain, which after that time gradually and entirely subsided. For two weeks the discharge from the wound was very copious, but six weeks after the operation it had entirely ceased. The bowels were kept quiet during the first six days, by opiates, and after that time the patient had perfect control of the sphincter ani.

The result has been an entire cure of the coccyodynia, with a most marked improvement in the general health of the patient. No cause for the retroversion was apparent, unless it were due to her general weakness and consequent laxity of the uterine ligaments; possibly, also, the displacement of the coccyx, by relaxing the levatores ani and sphincter vaginæ, thus weakening the posterior uterine supports, may have contributed considerably to the production of this displacement of the uterus.

This operation, first suggested and performed by Dr. J. C. Nott, has been but rarely resorted to, though coccyodynia is by no means an infrequent affection. In all those cases, so far as I know, in which the two last segments of the bone have been removed, the cure has been complete and permanent. Removal of the whole or the larger portion of the bone seems to me preferable to subcutaneous division of the attachments, because the former procedure precludes all chance of a return of the disease and but slightly increases the gravity of the operation, while in cases of displacement it is much more easily performed than the latter.

URÆMIC CONVULSIONS TREATED BY MORPHIA.

BY FRED. E. POTTER, M. D., SURG. U. S. N.

Mr. D., aged sixty-two, for the past year has been suffering from Bright's disease. On the 31st of January, 1874, he was seized with uræmic convulsions, each fit lasting from five to ten minutes, with from ten to twenty minutes of consciousness intervening; the consciousness during the intervals gradually decreased, until he lay between the attacks in a deep stupor, breathing stertorously. As all means tried for relief proved unavailing, and as the patient was evidently failing rapidly, injected into the cellular tissue of the fore-arm, in the midst of a convulsion, twelve minims of Magendie's solution of morphia. For four hours following, the convulsions did not recur; he then had two light attacks, after which there was no return. In ten days he had so far recovered as to be dressed; he had partial paralysis of the right side and hemiopia, the left half of each retina being impaired.

During the past year the patient has had no return of convulsions; he complains of muscular weakness in the right upper extremity, with sensation of numbness of the right half of the body. The hemiopia has but slightly improved.

The result in this case goes far to show that the danger to be apprehended from the use of morphia in uræmic convulsions has been much exaggerated. The effects of opium upon the cerebral circulation whereby the comatose condition arising from a poisonous dose of that medicine is produced, in all probability differ widely from those which are caused by the non-elimination of the effete matter which in Bright's disease gives rise to uræmic convulsions; and though there is a strong analogy between the effects of the drug and of the poison, the above case tends to show the groundlessness of the fear that by administering opium we shall add fuel to the fire.

RECENT PROGRESS IN OTOLOGY.[1]

BY J. ORNE GREEN, M.D.

Ultimate Forms of Granulation Tissue in the Ear. — Buck[2] describes the ultimate forms of granulation tissue in the middle ear, when left to itself, as follows: —

"First, it may continue to develop until finally, by its size alone, it creates such alarming symptoms that the destruction of the mass becomes necessary. During the progress of its growth only a portion of the cells — whatever their origin may be — go to build up tissue; the

[1] Concluded from page 592.

[2] Transactions of the American Otological Society, 1874.

majority are cast off from the surface of the mass in the form of pus. A certain proportion of these masses will be found to possess, at a certain stage of their growth, a covering of skin or of mucous membrane, according to the locality in which they originate. Probably a large proportion of them, however, consist of simple granulation tissue without any covering of skin or mucous membrane.

"Second, it may remain for an indefinite period of time in a condition of nearly absolute inactivity, so far as increase in size or apparent change in texture is concerned.

"Third, it may be cast off from its nutrient base by the wasting away of its pedicle.

"Fourth, it may assume one of the following ultimate forms or conditions: (*a.*) It may become covered with skin or mucous membrane, and remain in a quiet condition, like the adjacent normal tissues. The mass then simply represents a localized hypertrophy of the subcutaneous or submucous connective tissue, and in consistence is the same as or a little harder than the normal tissue. (*b.*) It may become covered with skin and then undergo what I might call horny degeneration. (*c.*) The mass may become covered with skin or mucous membrane and its central portions undergo a change into true osseous tissue."

Buck then gives the histories of several cases in which he was able to watch the changes of granulation tissue into some of these forms, and the fourth case is of special interest, as it serves to explain at least one mode of the development of the cutaneous membranes which are sometimes found closing the external meatus. In this case, a ring of granulations was formed around the meatus, the result, probably, of the irritation caused by a prune pit in the passage; and in the course of a month these granulations united into a membrane, which became covered with epidermis and nearly closed the meatus. Fuming nitric acid caused a shriveling of the whole mass, and the meatus was restored to its normal size and condition.

One mode in which the granulations sometimes disappear seems to have been overlooked by Buck, probably accidentally, as it must have been observed, and that is a gradual shriveling of the mass from the subsidence of inflammation around it.

The Accommodative Power of the Ear, and its Disturbances. — Lucæ[1] gives a synopsis of his investigations on the muscles of accommodation in the ear. He claims that the two tympanic muscles, the tensor tympani and the stapedius, form a mechanism by which the ear can accommodate itself, on the one hand, to the deeper or musical notes, and, on the other hand, to the higher notes beyond the musical scale; the accommodation for the musical notes is provided in the tensor tympani muscle; that for the higher or non-musical notes is provided in the sta-

[1] Berliner klinische Wochenschrift, Nos. 14, 16, and 17, 1874.

pedius muscle. Lucæ has convinced himself, both by a repetition of Fick's experiments with the manometer, and also by inspection of the membrane in persons who had the power of voluntary contraction of the muscle, that a contraction of the tensor tympani muscle increases the tension of the membrana tympani. Both of those methods show, during contraction of the muscle, a drawing inwards and a consequent increased tension of the membrane; and tests with the lowest notes of the tuning-fork demonstrate that this increased tension produces an improvement in the power of hearing these notes, while a relaxation of the muscle again diminishes this power.

Contraction of the stapedius muscle can be caused, at least in some persons, by contraction of the muscles of the face, owing to the fact that the stapedius receives its nerves from the facial; and Lucæ by careful inspection of the membrana tympani has been able to see a decided outward movement and consequent relaxation of the membrane, as the result of contraction of the stapedius. This relaxation of the membrane is proved by experiment to produce a decided diminution in the power of hearing the notes of a tuning-fork.

For testing more accurately the accommodative power of these two muscles, Lucæ has used a series of König's steel rods, and finds that, although somewhat variable in different persons, the tensor tympani increases the power of the notes up to $C^6 = 8192$ vibrations in the second (German scale); $E^6 = 10{,}240$ vibrations is uninfluenced by either the tensor tympani or the stapedius, but $G^6 = 12{,}288$ vibrations, and the notes above this are increased in power by contraction of the stapedius, and diminished, or even completely lost, by contraction of the tensor tympani. The explanation of these phenomena Lucæ finds in the changes of pressure which take place in the labyrinth, the tensor tympani forcing the base of the stapes inwards towards the vestibule, and the stapedius drawing it out from the vestibule. He also finds that during contraction of the tensor a high, sharp, subjective noise is experienced, while contraction of the stapedius produces a low, subjective roaring.

Exact experiments have shown that the consonant sounds, which are so important for understanding speech, correspond with the lower and higher notes of the scale. In diseased ears some will be found that perceive the lower notes best, some that perceive the higher notes best, and these two conditions Lucæ names low-hearing and high-hearing; in testing such ears with whispered words, it is found also that low-hearing is associated with a diminished perception of the higher consonant-sounds, while high-hearing is associated with a diminished perception of the lower consonant-sounds and the lower vowels.

Abnormal low-hearing is found with rheumatic facial paralysis; abnormal high-hearing where the membrana tympani has been largely

destroyed, and specially marked where in addition to this loss both hammer and incus have come away and the stapes only remains. Cases of catarrh of the middle ear offer instances of both high and low hearing. Abnormal low-hearing is generally found in cases of genuine catarrh of the middle ear, with increase of secretion, closure of the Eustachian tube, and abnormal depression of the membrana tympani. Sometimes, however, it is found without increased secretion or change in position of the membrane. All of the cases of low-hearing in catarrh of the middle ear are characterized by one symptom, namely, that the inflation of air increases the hearing distance for both the watch and the voice. Low-hearing is sometimes found in purulent inflammation of the tympanum with or without perforation, and is probably due to an inflammatory retraction of the tensor tympani, or to a secondary inflammation of the inner ear.

Abnormal high-hearing is observed in those cases in which examination shows a perfectly free middle ear with a membrana somewhat drawn in; such cases, after inflation of the middle ear, show an improvement for the watch, but a diminution for the speech, and the prognosis has been heretofore unfavorable.

Lucæ has endeavored to simplify the methods of testing for these two forms of ear-disease, and recommends for testing in low-hearing the tuning-fork C = 128 vibrations, or else a tuning-fork capable of being tuned to different notes by means of sliding weights on its arms. For testing high-hearing, he recommends the sounds of the watch, provided that its ticking is composed of the highest notes, or better still a König's steel rod, $G^6 = 12{,}288$ vibrations.

These functional disturbances of the ear, namely, high and low hearing, Lucæ refers in the great majority of cases to disturbances of accommodation, caused by primary or secondary insufficiency of the two tympanic muscles; generally, however, this insufficiency is secondary to some disease of the tympanum.

For general treatment of these cases he advises protection of the ear from noises as far as possible, since the affected ears always show a hyperæsthesia for one or the other class of tones. The local treatment required is that directed to the tympanic disease, which is generally catarrhal inflammation of some form. In this local treatment of low-hearing, the inflation of air into the tympanum is the chief agent, and is proved by experiment to force outwards, not only the membrana tympani, but also the whole chain of ossicles with the stapes. The same effect can also be produced by the removal of air from the meatus by suction. For the inflation of the tympanum Lucæ thinks that a very gentle stream of air through the catheter is better than either Politzer's or Valsalva's method of inflation. For suction on the meatus, he uses a flat air-bag, which can be connected with the meatus by a rub-

ber tube; for governing the amount of negative pressure used, the air-bag is compressed by a certain weight, from one hundred to two hundred grammes; the rubber tube is then connected with the meatus, and the weights are removed from the bag. This suction is continued for five or ten minutes, and repeated from two to six times a week. By this suction, thus continued for some minutes, the results are better than in cases where it is used only for a moment, as with Sieglé's speculum.

The local treatment in instances of high-hearing is exactly the opposite of that for low-hearing. Here the inflation of the tympanum and negative pressure in the meatus are contra-indicated; but positive pressure in the meatus is in place. This Lucæ applies in the same manner as he does the negative pressure, only reversing the process, thus allowing the weights to force air into the meatus instead of withdrawing it from the meatus.

High-hearing is often found in the cases of sclerosis or hypertrophic inflammation of the middle ear. Of late years several authors, notably Weber-Liel, have referred this disease to an affection of the tympanic muscles, especially the tensor tympani, and have advised tenotomy of the muscle. This operation Lucæ does not approve, as he considers that the trouble is not a retraction but an insufficiency of the tensor muscle.

The subjective noises which exist with both high and low hearing are found to be of the same character as those produced in the healthy ear by the contraction of the two tympanic muscles, namely, a high sound with insufficiency of the stapedius, a low sound with insufficiency of the tensor tympani, and the positive or negative pressure in the meatus, according to the principles above given, relieves them.

Lucæ's article may be summed up as follows: (1.) Low-hearing, diagnosticated from the fact that a low tuning-fork is heard at a greater distance than normal, while the higher notes of a König's rod are not heard so far as normal, which is due to insufficiency of the stapedius muscle, or, in other words, to retraction of the tensor tympani; for treatment negative pressure in the meatus is indicated. (2.) High-hearing, diagnosticated from the higher notes of the König's rod being heard farther than normal, while the low notes of the tuning-fork are not heard as far as normal, which is due to insufficiency of the tensor tympani or retraction of the stapedius; for treatment positive pressure in the meatus is indicated.

BEARD AND ROCKWELL ON ELECTRICITY.[1]

THE present volume is a second edition, though greatly enlarged and partly remodeled, of an old, well-known, and valued work. The authors have evidently labored long and faithfully in a rather uninviting field, and they deserve thanks for having helped so efficiently to make the profession better acquainted with the clinical value of an agent hitherto too little regarded by practitioners at large.

The first two hundred pages of the book give an excellent digest of the present state of our knowledge as to electro-physics and electro-physiology; although as regards the latter we should have been glad to find a more searching criticism made of the points where the results of experimental and of clinical observations seem at first sight to tally, to act as a check to the tendency of many readers to make too much of apparently sound scientific explanations.

The bulk of the work is given to electro-therapeutics, and is full of excellent practical suggestions and observations. It must be said, however, that its value is much impaired by the presence of many loose or ill-supported statements, which must create a feeling of distrust in the minds of many readers. Thus on page 306, for example, we find, "In severe dyspepsia, accompanied by emaciation, a current is sometimes painfully transmitted from the middle of the back to the stomach *through the solar plexus.*"[2] Such a statement needs further explanation. Again, on page 308, referring to a certain sensitiveness to electricity said to be present in some cases of sick headache and other disorders, along the posterior border of the sterno-mastoid muscle, "in the track of the pneumogastric," the authors say, "We are *disposed to regard* this sensitiveness as due to the pneumogastric more than to the sympathetic." Certainly in a matter so important the mental bias even of an acknowledged authority is worth but little as evidence, and if other evidence exists it is hardly fair to omit it. If a writer on a new subject does not wish his readers to be hypercritical, he must be so himself in advance.

The especial merit of the work consists, however, in the evidence which it gives of the value of electricity as a general tonic, apart from its purely local action, in cases where the nervous system alone is involved, and also in others, as dyspepsia, debility, rheumatism, and, with children, marasmus, whooping-cough, cholera infantum, and chorea. When the current is used for this purpose, it is claimed that all the tissues of the body, so far as possible, in some cases, in others the entire central nervous system, should be brought under its influence (general faradization and central galvanization).

The principal exact evidence that electricity acts favorably upon the general nutrition is given by two sets of experiments of great value so far as they go; one made by the authors, the other by Onimus and Legros, in which a certain number of puppies out of a litter were subjected to daily electrization, with the effect of making them increase in weight more rapidly than the rest.

The clinical evidence is voluminous and valuable, and the writers explain

[1] *A Practical Treatise on the Medical and Surgical Uses of Electricity.* By GEORGE M. BEARD, M. D., and A. D. ROCKWELL, M. D. New York: Wm. Wood & Co. 1875.

[2] The italics are ours.

the failure of others to obtain the same results with themselves by inferring neglect on their part to give sufficient time and patience to the work, and to regard the dose and mode of administration of the remedy with the same care that is used in studying the action of drugs, where, however, it is no more needed than here.

The well-known and interesting results obtained in the use of electricity in skin diseases are given here, though the impression which they might produce is lessened by apparently incautious statements, especially as regards the treatment of eczema by central galvanization, which is said to *show* "a kind of dependence of chronic eczema on the nervous system that had not before been suspected." The assumption is certainly a bold one, and dermatologists may be excused for their unwillingness to acknowledge the conclusiveness of the reasoning brought forward to support it.

The number of cases treated in this way is not yet large, and, admitting the correctness of the observations, other possible explanations besides that given readily suggest themselves. In the process of central galvanization the nervous system is no more traversed by the current than many other parts, and it may be to its action on them that the favorable results were due. For example, certain pathologists, like Murchison, etc., believe that functional diseases of the liver may give rise to eczema by causing incompletely oxidized products of metamorphosis to circulate with the blood; why might not its cure be brought about by galvanization of that organ, such as must occur when one pole of the battery is placed, as the authors direct, at the pit of the stomach?

For want of space we must omit to speak of the many excellent points of the book, the careful and intelligent rules and suggestions, and will only, in spite of its somewhat unnecessary bulk, recommend it heartily to any one who wishes to get a comprehensive view of the subject of which it treats.

More careful reviewing might have corrected a few minor errors, as for example, on page 153, where we are told that the irritability of nerves disappears sooner in cold-blooded than in warm-blooded animals; also on page 169, "flexor" for "flexed," "plateau" for "plantar."

THE PHILADELPHIA MEDICAL REGISTER.[1]

THE handy little books which of late years are found on so many physicians' tables make an important element in the medical history of the day. The bulky volumes of England and France, and the recent work of Dr. Butler for our own country, are well supplemented by the registers of New York, Philadelphia, and Chicago, and that of our own State. All of them contain a variety of practical information concerning medical matters which no physician can afford to do without, and in the more modern form they offer a biographical record of the profession which is constantly of service.

[1] *The Philadelphia Medical Register and Directory.* Edited by WILLIAM B. ATKINSON, M. D. Philadelphia. 1875.

The Philadelphia Medical Register for 1875 bears evidence of a careful hand in its preparation; it is well and neatly arranged, and gives all needed details concerning hospitals and dispensaries, schools, charitable institutions, and the various professional items which are coming up in every-day life.

We hope that the next number will include the entire State, and in this way be made of advantage over a wide field.

SANITARY RELATIONS OF MIGRANTS AND SAILORS.[1]

THE two valuable papers whose titles are given below have been reprinted from the volume of the American Public Health Association. They involve important considerations relating to the transportation of immigrants and to the diseases of sailors, subjects with which the able supervising surgeon of the marine hospital service, and his coadjutor in New York, are entirely conversant.

The subject of Dr. Woodworth's paper was suggested by a resolution adopted by the Senate of the United States, directing the Secretary of the Treasury to inquire in reference to the ventilation of immigrant ships, and various matters of kindred interest.

The substitution of steam for sailing vessels in the transportation of migrants has worked great changes in the accommodation of such passengers. As a direct result the mortality among steerage passengers has been reduced over fifty per cent. in five years, an improvement which is due less to legislation at home than to that of other countries. In fact, our laws are so framed that foreign vessels are scarcely held to any regulation at all. Much, however, remains to be done, and a bill has already been presented to Congress to regulate, in some degree, the carriage of migrant passengers to and from the United States. The larger part of this bill is devoted to details of construction and arrangement of vessels with a view to their use in carrying passengers. Two sections, however, are more important; one recognizes the rights and interests of the citizens of the port in the character and condition of its immigrants, by authorizing boards of health or kindred bodies to prepare sanitary regulations for the migrant passenger service, and the second provides that such rules and regulations shall be submitted to the Secretary of the Treasury for his approval. The subject is an important one, and should meet a hearty support.

Dr. Heber Smith rightly considers the ocean as a great highway of disease, as it is of commerce. Sailors especially, of all the human race, are not brought under proper sanitary observation. The world is indifferent to and neglectful of their welfare, and only cares for them as a means to attain an end. To no class more than to sailors are commercial countries indebted for the propagation and spread of contagious diseases. Dr. Smith does not seek to ameliorate

[1] *Migrants and Sailors considered in their Relation to the Public Health.* (A.) *Some Defects in the Immigration Service affecting the Sanitary Interests of the Country.* By JOHN M. WOODWORTH, M. D. (B.) *Sailors as Propagators of Disease.* By HEBER SMITH, M. D., Surgeon U. S. Marine Hospital Service. Cambridge. 1875.

these evils in his present paper, but devotes himself rather to those diseases in which physical hygiene alone may be of avail.

Dr. Smith illustrates his paper by descriptions of the accommodations furnished to their sailors by some ship-owners, showing the manner in which men are stowed away in the least desirable places on board ship, and the ridiculously inadequate means employed for ventilation of their quarters. Our statute-books fail to offer any provision for the reasonable care of seamen in these particulars. A change in this respect is loudly called for, in the light both of humanity and of national self-interest. B.

BRADLEY'S COMPARATIVE ANATOMY.[1]

THE fact that a third edition is demanded shows that this work has answered the expectations of the author, who, as he intimates in the preface to the first edition, has endeavored to give the essential facts in as few words as possible, for the convenience of students preparing for examination.

It is proper to remember, in judging the book, that the author has consistently labored for brevity, and we think that there are no omissions of importance. On the other hand, we should question the necessity of discussing the so-called cranial vertebræ in detail, and of giving the supposed homologies of the fore and hind limbs. We rather admire the complacency with which the author pronounces on disputed homologies without any allusion to the existence of other interpretations.

Though, from its plan, the work is necessarily both meagre and condensed, we are not surprised that it should have proved a very useful hand-book when supplemented by a good course of lectures.

FOX ON DISEASES OF THE STOMACH.[2]

SINCE the appearance of the first edition of this work it has been recognized as perhaps the most valuable in the English language on the subject of dyspepsia. The third edition now appears, enlarged by the addition of articles on ulcer and cancer of the stomach, making it a complete treatise on the diseases of that organ. Many of our readers are familiar with the former editions of the work. To those who are not, we would recommend it as the best with which we are acquainted in the English language on this important and difficult subject. The morbid anatomy of the stomach is well illustrated by numerous engravings. We only regret that so valuable a work should not have a more presentable dress, the thin-faced type in which the American edition is printed making the reading of it trying to those whose eyes are not strong.

[1] *Manual of Comparative Anatomy and Physiology.* By S. MESSENGER BRADLEY, F. R. C. S. Third Edition. Philadelphia: Lindsay and Blakiston. 1875.

[2] *The Diseases of the Stomach; being the Third Edition of the Diagnosis and Treatment of the Varieties of Dyspepsia.* Revised and Enlarged By WILSON FOX, M. D., F. R. C. P., F. R. S., etc. With Illustrations. Philadelphia: Henry C. Lea. 1875.

INSANE HOSPITAL REPORTS.

When each of our insane hospitals shall be furnished with a medical staff adequate to its requirements, when its physicians cease to be overworked and underpaid, when the superintendent is relieved of his duties as farmer, steward, treasurer, supervising architect, and general adviser to all the poor insane in the community at large, hospital reports will gain in interest for the general practitioner.

The report of the Butler Hospital[1] is neat in appearance and typographically perfect, but deals with matters of local importance chiefly. The building of the new Duncan Ward, the noble gift of Alexander Duncan, Esq., of Providence, has no doubt absorbed the attention of all concerned. The Butler Hospital, as every physician should know, was the scene of the prolonged labors of the foremost alienist of America, Dr. Isaac Ray. His successor, Dr. Sawyer, a graduate of the Harvard School of Medicine, has for several years been quietly carrying forward the hospital in its history of usefulness. It is one of the few private hospitals of the country, and ranks with the McLean Asylum in its endowments and accommodations. It is beautifully located, and may be recommended, with the utmost confidence, to the most fastidious class of patients. The inmates number one hundred and twenty-seven at present, and include the few State patients of Rhode Island, who are boarded there in preference to providing a separate hospital for so small a number. There is also a ward for dipsomaniacs, who seek treatment voluntarily, though these patients are received with reluctance. The need of a State asylum to which inebriates shall be committed for a term of months or years is greatly felt here as everywhere.

Of the Minnesota Hospital[2] we can say nothing from personal observation. The number of patients is three hundred and eighty-one, in charge of two physicians only. Males are considerably in excess of females, and it may be the same in the population at large. Forty per cent. of admissions are discharged recovered or improved. Much work seems to have been accomplished by patients on the farm, and in the laundry and sewing-room.

Of the causes of insanity, we have here a list of the usual kind, made up from the answers on the certificates filled out by chance physicians, or at dictation of friends whose ideas on the subject are limited to the latest source of excitement or vagary of the patient's mind. Of six hundred and eighty-one cases, where any cause is assigned, two hundred and ten were attributed to so-called moral influences. Here two thirds of the alleged causes are physical, while at the Worcester Hospital four fifths are found in this class. But seven cases are classed as hereditary, which is, of course, an absurd error. At least one half, on due inquiry, would have been found to be cases of heredity.

Out of one thousand, more than half were married, widowed, or divorced persons. Marriage is supposed by most statisticians to be conducive to sanity and longevity. Spencer claims in a late work that marriage does not necessarily tend to longevity, since more of the stronger individuals of the race marry, being better able to endure the cares and duties of matrimony than the

[1] *Report of the Butler Hospital for the Insane.* Providence, R. I., 1875.
[2] *Report of the Minnesota Hospital for Insane*, 1875.

feebler folk. So the insane temperament tends to keep single many who would otherwise increase the proportion of the insane in the married class. The above figures are valueless until we know the numbers of married and single in the State at large. T. W. F.

EASTERN MEDICAL ASSOCIATION OF NORTH CAROLINA.

This pamphlet[1] contains the record of a meeting of an association whose object seems to be to improve the medical profession in North Carolina. So far it is well enough. But too much time and too many words are used up in the effort. Among the matters spoken of is a case of "successful aspiration of the stomach through the abdominal walls for the evacuation of a poisonous dose of laudanum." We can only look upon this as an unfortunately successful case. It may lead others to use the aspirator instead of the stomach-pump, with the result of puncturing both sides of the stomach, or some vessel that would be better let alone.

We hope the association will be a success.

DOBELL ON WINTER COUGH.[2]

The third edition of this well-known book contains many additional suggestions in the way of treatment, and an appendix of articles relating to winter cough, by the author and others, which have been extracted from various medical journals. An entirely new introductory chapter is added for the purpose of calling the attention of the profession to the perivascular system, a more intimate knowledge of which the author thinks may throw light on thoracic symptoms hitherto obscure.

HOSPITAL MANAGERS ON THE RAMPAGE.

Of the many surprising occurrences which make professional life exciting in New York, the latest is the summary dismissal of four members of the visiting staff of the Presbyterian Hospital in deference to the whim of a woman. The managers are in a trying position. They give no reason for their course, apparently preferring to incur the suspicion of the community by their silence rather than the displeasure of the "lady directress" by an explanation.

"Tantæne animis cœlestibus iræ."

Regardless, however, of the delicate position of the managers, over sixty of the most prominent physicians have sent them the letter which we print below. This leaves them no alternative between explaining themselves, at no matter

[1] *Proceedings of the First Annual Meeting of the Eastern Medical Association, at Newbern, N. C.*

[2] *On Winter Cough, Catarrh, Bronchitis, Emphysema, Asthma.* By Horace Dobell, M. D., etc. Third and Enlarged Edition. Philadelphia: Linsday and Blakiston. 1875.

what risk, and of incurring the contempt of all plain-dealing men. The effect on the hospital itself is deplorable, for we do not see how any physician of self-respect can hold a position in it.

The protest reads as follows: —

To the Managers of the Presbyterian Hospital:

Gentlemen, — We, the undersigned, members of the medical profession in New York, have learned with deep regret the late action of your board, whereby you have dismissed from your hospital four members of the visiting staff without assigning any ground for such a course. So far as is known, these gentlemen were fully competent for the positions which they held, and discharged their duties with diligence and skill.

We believe that you have failed to realize the full character of your action. In summarily discharging these gentlemen you in effect proclaim your opinion that they are unfit for the positions which they held. By so doing you incur the responsibility of seriously injuring their reputation; and you have taken this grave step without preferring any charges, or assigning any reason for so doing. We believe you will admit that while you have acquired certain rights in assuming the position of managers of a hospital, you have also incurred certain obligations. While it is your right to appoint and dismiss the medical staff, it is also your duty to exercise this right for the best interests of the hospital. It is evidently your duty to obtain for the patients under your charge the best medical and surgical skill which our profession affords. We can hardly believe that any physician or surgeon of reputation will serve in any institution from which he is liable to be discharged without just grounds.

We believe, therefore, that both as members of the medical profession and as citizens we are justified in asking that you shall make public the reasons for your late action. If these gentlemen have in any way shown themselves unfit for their positions, let the facts be made known. If they have been discharged simply from caprice, they have a right to demand that this shall be made as public as their dismissal. We have the honor to be, very respectfully, your obedient servants.

A REPUTED DEATH FROM ETHER.

It seems that our English friends do not yet understand ether; nor do they, if we may judge from the following statement, appreciate the importance of the pulse as a guide in its administration.

From the *British Medical Journal* of May 1st we take the following account of the death, after the administration of ether, of a strumous boy, in whom chloroform had previously produced unfavorable symptoms. The absolute importance of the indication to be derived from the pulse, which was neglected in this case, is familiar to our own medical community, whose attention was called to it in 1846, almost as soon as surgical anæsthesia was invented. In regard to this case, we have no hesitation in affirming one of two things: either that the pulse did give ample and timely warning of danger by becoming gradually weaker; — or, that if it ceased suddenly with syncope, imme-

diate measures would have revived the patient. As it was, nobody seems to have known when the heart ceased to beat. It is no exaggeration to say that at the Massachusetts General Hospital, in the case of a delicate child like the one in question, the pulse would have been kept in hand during the *whole* anæsthetic process.

"J. F., a delicate, timid boy, aged sixteen, had long suffered from strumous disease of the bones of the feet. He became an inmate of the Manchester Workhouse Infirmary last autumn. On September 25th last Dr. Hardie removed the right foot at the ankle-joint, chloroform being administered. He bore the anæsthetic well. On October 29th the cuboid bone of the left foot and the metacarpal bone of the left thumb were excised. On this occasion chloroform was again administered. When the operation had been completed some alarming symptoms showed themselves, namely, fixed dilated pupils, feebleness of pulse, extreme pallor, and absence of respiration. These quickly passed off on the tongue being forcibly drawn forward, cold water spinkled over the face, and galvanism applied to the phrenic nerves. On the third of the present month, bare bone having been found to remain in the unhealed wound of the thumb, the boy was again placed on the operating table, having previously been given an ounce of brandy. He was asked to have the trifling operation performed without an anæsthetic, in order to test his probable endurance: but, the patient beginning to whimper, Dr. Hardie stirred a probe about in the wound. This caused him to cry out, and ether was administered by Dr. Hardie, who poured about four drachms on a piece of lint, which was placed in a folded towel and held pretty closely over the face. He inhaled the vapor more quickly than usual, there being no coughing and but little struggling. In about four minutes from the commencement of the inhalation, and before any fresh ether was poured on the lint, he was apparently ready for the operation. Immediately afterwards, before the operation was begun, Dr. Hardie observed the respiration, which he had been closely watching, suddenly cease, and at the same instant an extreme pallor came over the face, and the pupils became widely dilated. At the moment when these symptoms appeared he had not his finger on the pulse, nor did he feel for it before resorting to remedial measures. Mr. Pountney, the house-surgeon, however, on placing his finger over the radial artery, when Dr. Hardie gave the alarm, found it to be imperceptible. Dr. Hardie immediately pulled the tongue forcibly forward, but without effect. The poles of a battery standing in readiness were then applied to the phrenic nerves, and only induced three or four gasping attempts at respiration. Nélaton's method of suspension by the feet was then resorted to, without the slightest avail. Indeed, beyond the gasps induced by the application of the battery, there was not the smallest response to the efforts towards reanimation. After twenty minutes these were discontinued."

A post-mortem examination revealed nothing abnormal, if we except a "commencing amyloid degeneration of the spleen." "The ether used was Robbins's ether for local anæsthesia." We assume this to have been pure ether.

Since the above was written, we find in the *British Medical Journal* of May 8th, page 616, the statement that "Robbins's ether is vaunted as being a compound ether of low specific gravity and boiling point, and is expressly

made for producing local anæsthesia. Now, in this ether, when inhaled, I can well imagine we have elements of danger. Having some in my possession, I took its specific gravity, and found it .622, and, on comparing it with some of the ether I have mentioned, it was evidently far more volatile; in fact, though analogous to sulphuric ether, it is by no means the same compound, but we have instead a light compound ether, extremely volatile and diffusible, inhaled 'more quickly than usual' by a patient who has some months before shown dangerous symptoms under chloroform."

In this country our purest commercial ether is Squibb's, which is less agreeable for inhalation than ether of not quite so high proof. Squibb's ether is rendered less pungent by thoroughly wetting the sponge on which it is administered. This also increases the capillary attraction of the sponge, and makes it hold the ether better.

IODIDE OF POTASSIUM IN SYPHILIS.

Dr. Joseph R. Beck contributes to the *Philadelphia Medical Times* of March 13, 1875, a paper on the use of iodide of potassium in syphilis. He states that he has not made use of mercurials in the treatment of syphilis for a long time. Notwithstanding that secondary symptoms rapidly disappear when mercury is employed, he claims we have only succeeded in such cases in masking the disease, and that after a time tertiary symptoms are sure to follow. To use his words, "Every case of secondary syphilis which has been successfully (?) treated by mercurials will, as surely as the sun rises, reappear as tertiary syphilis if the patient lives long enough." Syphilis, either secondary or tertiary, cannot be radically cured in a few weeks or months, but requires a year or more of careful treatment. Dr. Beck implies that secondary syphilis can be so successfully treated by the iodide of potassium as never to recur in its tertiary form.

For the cure of syphilis by the iodide of potassium very large doses must be employed. He prescribes seven drachms of the iodide, and four drachms of the ammonio-citrate of iron in an eight ounce mixture, and gives a tablespoonful before each meal. Fowler's solution of arsenic (one drachm three times a day of an eight ounce mixture containing three drachms of the solution) is also prescribed, and if anæmia be present, one grain of quinine and two of pulvis ferri are given every three hours; also cod-liver oil with fluid extract of valerian. If ulcerations be present, he brushes over them three or four times a day a solution of hydrate of chloral, one part to two of distilled water. Such are the first prescriptions. In each of the succeeding prescriptions, one drachm of the iodide of potassium should be added to the formula, and the dose of Fowler's solution is to be augmented by one half a drop. "The iodide should then be carried up drachm after drachm in strength with each successive prescription, until we reach twenty or twenty-five drachms' strength to the formula, or as much as is necessary, taking care to order the increase made only with each succeeding fresh prescription." The arsenic is increased until a dose of five drops of Fowler's solution is attained, when it is

finally omitted as an adjuvant. The iodide, however, is increased till symptoms of decided iodism are induced, when its administration is stopped for a week; it is then resumed for a week, and if iodism shortly again ensues, Dr. Beck confidently dismisses his patient "perfectly and permanently cured, with the poison of syphilis and that of mercury forever eradicated from the system."

MEDICAL NOTES.

— Dr. C. M. Duncan, of Shelburne, recently read before the Franklin District Medical Society a paper on the late Dr. Humphrey Gould of Rowe, who died last October in his seventy-eighth year, of cystitis, after much suffering, but retaining his mental faculties and cheerfulness to the end. We quote the following passages: —

"Dr. Gould was a pure, upright, honest, and honorable man, respected and loved by all who knew him, a man whose genial conversation, always pleasing, entertaining, and instructive, made him equally the favorite of old and young. His stories, of which he had unfailing store, were always apt and to the point, and were told with so much animation and in such a pleasing manner that no one ever tired of listening to them. He never lacked for words with which to express himself, but the right word was always in the right place. By these social qualities he endeared himself to all classes in the community, and there are few physicians who have more pleasing and extensive relations with the pulpit and the bar, or those in the more humble positions in life, than he had. He was one of those public-spirited men whose untiring energy, industry, and enterprise will be sadly missed by the people of the town in which he lived. He was a true gentleman of the old school, who never forgot to extend the same courtesy and politeness to the poor, as he did to the rich.

"He wrote but little on scientific subjects, and published almost nothing, yet his epistolary correspondence would fill volumes. In 1860 Dr. Gould delivered an address before the Franklin District Medical Society, upon the medical history of Rowe."

— Dr. Dyce Duckworth, recommends in the *Practitioner* for April, 1875, a solution of bicarbonate of soda for the relief of toothache. He employs half a drachm of the salt to an ounce of warm water.

— For the treatment of head lice among the poor, Dr. Bulkley writes to the *American Practitioner* that he employs kerosene oil, with which the head is to be soaked for twenty-four hours. It destroys the parasites and their nits. Then wash the head well with soap and warm water, comb it out, and saturate it with cod-liver oil till all the sore places are healed.

— A case of habitual ether inhalation is reported by Dr. C. A. Ewald, of Berlin, in the *London Medical Record* of April 7, 1875. The patient, a man aged thirty-two, was admitted into the university clinic complaining of general *malaise*, weakness, loss of appetite, and muscular tremors. His whole aspect was indicative of misery, and it was ascertained that for several years he had

been addicted to the inhalation of ether, and had fallen from a respectable station to the wretched condition in which he presented himself. He was well known in Berlin by the name of "Ether Fritz."

In his earlier days the patient was a temperate man, free from excesses of any kind. Occupied principally with philosophical and æsthetic studies, he was especially inclined to meditate on theologico-mystical subjects. A work by Dieffenbach fell into his hands, in which the action and use of ether in medicine were described, and the condition of narcosis depicted in glowing colors. It was stated therein that the ether narcosis was capable of facilitating to an extraordinary degree the creative power of the mind, quickening its productivity, and so the patient thought that he had found in ether the means of fertilizing his poetic fancy. In December, 1865, he first endeavored to obtain the desired result by inhaling about two and a half ounces of sulphuric ether from a pocket-handkerchief. He immediately became unconscious, and had a host of very lively illusions, principally consisting of theologico-mystical conceptions, in which, however, as in opium and hashish smoking, there was a complete disregard of time and space. He believed that he had traveled through worlds and had lived for an infinity of time, and yet he could scarcely have been narcotized a quarter of an hour. Naturally he repeated the experiment, but his subsequent illusions were never so pleasurable as at first, though he endeavored to recall them by larger doses. The experiment soon became a habit. At first he only took the ether in his room, but soon he had no rest out of it. Holding a handkerchief saturated with ether before his mouth and nose, he staggered through the streets. He bought ether in small quantities, for his disordered circumstances no longer allowed him the means of procuring it in sufficient doses to produce complete narcosis. At last he came to consume about two and a half pounds of ether in a day. He became homeless and penniless, and in this condition presented himself at the Charité Hospital.

To test the truth of his statements regarding the character of his hallucinations, it was concluded to narcotize him, and it took to produce this result about seven and one third ounces of ether, administered by means of an inhaler, preventing evaporation into the air as much as possible by applying cotton-wool. Even this quantity produced only a momentary effect. The patient, as has been stated, was in the habit of taking much larger quantities than this in the course of a day, but a large quantity must have escaped into the air, and it was very rarely that he was completely narcotized. When allowed to etherize himself he placed a handkerchief over his mouth and nose, laying a pencil and a piece of paper near him to note down any of his thoughts, and from time to time poured out fresh ether, so that he pretty soon fell into a state of intoxication, during which he talked extravagant nonsense, danced about the room, laughed, etc., but his condition was far removed from narcosis.

The patient was treated by restoratives and cold baths, with doses of cannabis Indica. There is little hope, however, that when restored to liberty he will not return to his old habit.

— Arthur Heap, who was convicted of the murder of a young woman at Manchester, England, by an unsuccessful attempt to procure abortion, was executed on the 19th ult.

SURGICAL OPERATIONS AT THE BOSTON CITY HOSPITAL.

[SERVICE OF DRS. HOMANS AND INGALLS.]

THE following operations were performed during the week ending Friday, May 7, 1875: —

1. Tracheotomy. 2. Phimosis. 3. Abscess of scrotum. 4. Amputation of fingers. 5. Sinuses over costal cartilages. 6. Exostosis of toe.

1. *Tracheotomy.* — At noon on the 4th inst., a girl, twelve months old, put a piece of egg-shell into her mouth and immediately began to choke. Her mother quickly inverted her, held her head down, and slapped her sharply on her back. She soon breathed easily, and went to sleep. She remained quiet till four o'clock P. M., when dyspnœa set in, and lasted all night. She was brought to the hospital on the morning of the 5th of May. She was then livid, and breathing with great difficulty. No foreign body could be discovered either with finger or with laryngoscope. As the dyspnœa was rapidly increasing, threatening to terminate life soon, Dr. Ingalls performed tracheotomy in the hopes of finding the cause of suffocation. After opening the trachea careful search was made above and below the aperture, but nothing abnormal was found. A trachea tube was introduced, and the respiration became easy and natural. The lividity disappeared, and at the end of an hour the child drank some milk as well as ever.

The morning after the operation the respiration was 60, temperature 103°. She sank and died at three o'clock A. M. of the 7th. There was no autopsy.

Although no foreign substance was found at the time of the operation or subsequently, yet there would seem to be no doubt of the correctness of the diagnosis. A healthy child is seen to put a piece of an egg-shell into her mouth, and immediately suffers from dyspnœa. This continues till the child's position is changed, and she gets several smart blows upon her back. In a few hours the dyspnœa returns and persists till the trachea is opened. The operation affords only temporary relief, and the child dies from apnœa. All of this points unmistakably to a foreign body in the air-passages.

Gunshot Wound of Arm and Abdomen. — The following case is reported for the severity of the injury and for the peculiar manner in which it was received.

As a young man, aged seventeen, was endeavoring to break into a store at about eight o'clock in the evening of the 2d inst., his exertions discharged a gun which had been set for the purpose of shooting any burglar who should attempt to force an entrance. The bullet passed through the fleshy part of the middle of the left fore-arm, which was flexed and elevated at the time. Passing downwards and backwards it then pierced the tenth rib near the costal cartilage on the left side, and emerged just to the left of the spinous processes of the lowest dorsal vertebræ. On receiving the wound the patient ran about two hundred yards to his home, and fell to the ground. He bled considerably, and vomited several times within two hours of the accident. He was brought to the hospital at eleven P. M. the same evening. He was then suffering from dyspnœa and pain in the abdomen. Pulse 90. Extremities cold. Morphia and brandy were given, and heat applied to the surface. Hæmorrhage was

slight. Simple dressings were applied to the wounds. In the evening of May 3d, the pulse was 120, small and hard. There were severe pain and tenderness in the abdomen, with marked tympanites. The legs were drawn up; the urine dark colored, and contained a good deal of blood. Opium, tincture of veratrum viride, and turpentine stupes were ordered.

The next day the patient was more comfortable; his abdomen was still swollen and tender, but not as much so as last night. The urine was bloody. Treatment continued.

May 5th, the pulse was 108; the temperature 101°. Tongue brown and dry. Microscope shows blood in the urine.

May 7th, pulse 84; temperature 99.1°. The patient was comfortable, and had no pain. The abdomen was very slightly tender. The wounds looked well. The discharge was moderate and did not contain urine.

The wound was never probed at the hospital, but it seems probable that the ball passed very near the peritoneal cavity as well as the left kidney. It seems hardly possible that either should have been penetrated, or the peritoneal inflammation would not have subsided so quickly. It would be more reasonable to suppose that both kidney and peritoneum were contused by the bullet, thus giving rise to the hæmorrhage and inflammatory symptoms.

GEO. W. GAY, M. D.

LETTER FROM DETROIT.

MEETING OF THE AMERICAN SOCIAL SCIENCE ASSOCIATION.

MESSRS. EDITORS,—The success of this meeting ought to be, and no doubt is, matter of great congratulation among its members, for the association has scarcely yet reached a point where it can afford to make a failure in any of its undertakings. Organized in 1865, it pursued its way with moderate encouragement for several years, when its energies seemed to flag, and at the close of 1872 the question was seriously debated whether it were not better to give up the organization. Thanks to the good sense and the enthusiasm of such men as Agassiz and Benjamin Peirce, this proposal was rejected and a thorough reorganization was effected. The present is the third general meeting held since that time, and appears to have been an improvement upon the two previous ones; the actual attendance upon the sessions has been greater than last year (in New York), and the general feeling seems to be that Detroit was the very best place the meetings could have been held in. Both in this city and in this and neighboring States a great and cordial interest has been felt, and hospitalities of every kind have been freely extended to the delegates.

The proceedings were opened in general session by an address by the President, Hon. David A. Wells, of New London, Conn., upon The Distribution of Capital and Social Development, which engaged the close attention of an audience of about a thousand persons. A paper by David A. Wasson fol-

lowed, upon the Relations of Church and State in Germany, and after that a brief report was presented by Dr. D. F. Lincoln, Secretary of the Department of Health, descriptive of the methods in which the department is now examining the subject of the health of schools. These papers were read in the Opera House on the evening of Tuesday, May 11th, and were not debated; but during the remaining three days of sessions (held in various rooms in the new City Hall) almost every paper was discussed by the audience, and sometimes at great length. In the "general" or principal meeting the favorite subjects were those of finance, jurisprudence, education, and criminal reform; but I will pass from them to the "sectional" sessions (which are of more direct interest to the medical profession), held by the Department of Health, and to the conferences of Boards of Public Charities.

The sessions of the health section opened with two long and elaborate papers: The Nervous System as injuriously affected by Schools, by Dr. Lincoln, and Gymnastics for Schools, by Dr. James J. Putnam, of Boston. These have been noticed in the Boston daily papers, and I will not attempt to give an abstract, as they will probably be published shortly in the proceedings of the association. In the afternoon, Dr. Webster of New York, assistant to Dr. C. R. Agnew, read a short paper containing the statistical results of examinations of the eyes of school-children, now making under the direction of Dr. Agnew, in various large cities.

These will, when completed, constitute one of the most important set of observations ever made by the Social Science Association, and I do not hesitate, therefore, to insert here a condensation of the paper, which Dr. Agnew has very kindly prepared for me, as follows: —

European observers have demonstrated the fact that during school life there are developed in the eyes of scholars diseases which increase in frequency and gravity from the primary to the university grades. It is not necessary to repeat here a review of the work of Cohn, Erismann, and others, as that has already been done in the pages of your journal. Our object now is to begin a statement of the result of preliminary examinations made in New York, Brooklyn, and Cincinnati, on the same subject. In these cities the eyes of 2884 scholars of both sexes, ranging in age from six to twenty-six years, were examined, and the conditions as to the refraction and diseases noted and tabulated. In the same connection the state of the school-rooms as to light, desks, heating, and ventilation was observed, as also the length and distribution of study hours, and other facts affecting health.

In Cincinnati, Ohio, the eyes of 1264 scholars were examined by Dr. Ayers and Dr. D. Booth Williams. About one third of these belonged to the district schools, one third to the intermediate, and the remaining third to the normal and high schools. In the district schools 13.3 per cent. were near-sighted (11.3 per cent. of the boys and 15.3 per cent. of the girls). In the intermediate schools 13.8 per cent. were near-sighted (9.5 per cent. of the boys and 18.1 per cent. of the girls). In the normal and high schools 22.8 per cent. were near-sighted (22.2 per cent. of the boys and 23.2 per cent. of the girls).

Dr. J. S. Prout and Dr. Arthur Mathewson examined the eyes of 600 students at the Polytechnic, Brooklyn, N. Y., all boys, 284 belonging to the

academic and 316 to the collegiate department. In the academic department 9.2 per cent. were near-sighted and in the collegiate department 21.8 per cent. were near-sighted. Dr. William Cheatham examined the eyes of 1020 students in the New York College, New York, all boys, 670 belonging to the introductory class, 210 to the Freshmen, 110 to the Sophomores, and 30 to the Juniors. In the introductory class, which is made up entirely of students who have passed the public schools, 21.9 per cent were near-sighted; of the eyes of Freshmen 26.2 per cent. were near-sighted; of the Sophomores 22.7 per cent. were near-sighted; of the Juniors examined 50 per cent. were near-sighted. The number of Juniors examined was too small, however, to be of any scientific value.

The tables show that staphyloma posticum, one of the gravest organic changes in progressive near-sightedness, increased from 0.5 per cent. in the district schools to 7.6 per cent. in the intermediate and 10.4 per cent. in the normal and high schools.

In one of the large schools, in which a careful ophthalmoscopic examination was made of every scholar, out of about 1000 scholars the eyes of 703 were found to deviate otherwise than in refraction, from the normal standard. The conditions referred to were as follows:—

Staphyloma posticum	217
"Physiological" excavation	119
" " with venous pulsation	176
Venous pulsation	140
Arterial and venous pulsation	1
Opaque nerve fibres	4
Atrophy of optic nerve	3
Neuro-retinitis	1
Retinitis albuminurica	2
Floating bodies in vitreous	1
Irideremia with cataract and nystagmus	2
Detachment of retina	1
Opacity of anterior capsule	1
Polar cataract	12
Traumatic cataract	1
Opacity of cornea	11
" " with synechia anterior	1
Foreign body on cornea	3
Nystagmus	2
Convergent squint	4
Granular lids and pannus	1
	703

A long discussion followed this paper, in which a number of the physicians, clergymen, and teachers of Detroit took part.

The next session was occupied in discussing the project of a law establishing the office of Medical Inspector of Public Schools. On the day after, some very extensive and careful reports were presented from the Philadelphia public school authorities, descriptive of an inquisition into the sanitary condition of the schools of that city, and comprising returns from the principals of all the schools, as well as from a number of physicians and chemists, some of whom

present analyses of the air of school-rooms. Prof. Henry P. Bowditch's plan for obtaining facts relative to the rate of growth of children of different ages and nationalities in Boston was next described. It consists in taking the weight and height of every child in the public schools of that city, as nearly as possible at the same time, and afterwards ascertaining the average height and weight for each half-year of the school-life, the scholars being classified according to nationalities. And in closing, a paper upon the Sanitary Requirements of School Architecture was presented by the secretary, and discussed at length.

The Conference of Boards of Public Charities was opened by an address from the governor of the State; after which papers were read as follows: On the Care of the Insane Poor, by Dr. Nathan Allen; Medical Charities, by Geo. S. Hale, Esq., of Boston; The Treatment of Criminal and Neglected Children in the United States, by Miss Mary Carpenter, of England; A New Method of Checking Crime, by Bonneville de Marsangy, of Paris (printed in French in Detroit papers); and Immigration, by Hon. Hamilton A. Hill. It is needless to add that the discussions were extremely practical and interesting.

There is not space here to mention the transactions of the political section and the section of jurisprudence, where some of the most solid and brilliant work of the meeting was performed, and which, with the "general sessions," proved attractive to large miscellaneous audiences.

The place for holding the next general session is not determined, although some kind of a meeting is to be held in the autumn of 1876, in Philadelphia, as a part of the Centennial performances.

LETTER FROM NEW YORK.

Messrs. Editors, — Quite a struggle has been going on for the past two weeks for the position of Commissioner of the Board of Health, made vacant on the first of May by the expiration of Dr. Stephen Smith's term of service. The homœopathic physicians and their friends have been working for the appointment of Dr. J. W. Dowling, President of the Homœopathic Medical College in this city, while the friends of Drs. William A. Hammond, Ceccarini, and Janeway have been equally strenuous in their exertions to obtain the position for one of these gentlemen. The mayor, who has the power of making nominations, named Dr. E. G. Janeway for the position, and he received his credentials on the first of May. The profession, outside of the politicians, are well pleased with the appointment. Dr. Janeway has been professor of pathological anatomy at Bellevue Medical College for several years; he is a hard-working, able, conscientious student, and has done well whatever he has attempted. He will prove, no doubt, a valuable acquisition to the board, which now consists of Professor Charles F. Chandler, of the School of Mines of Columbia College, G. W. Matsell, President of the Board of Police, Dr. S. Oakley Vanderpoel, Health Officer of the port of New York, and Dr. E. G. Janeway.

The trouble in the Presbyterian Hospital, to which reference was made in

my last letter, seems as far from a satisfactory settlement as ever. At a meeting of the board of trustees held last week, Drs. A. B. Ball, George Wheelock, G. H. Wynkoop, and W. DeF. Day were dropped from the list of attending physicians, without any reason or cause being assigned, and without a hearing. If there has been any cause of complaint against the members of the attending staff, these gentlemen certainly have not sinned against the "resident directress," which was the cause of their dismissal, more than the eight who were retained, and it is an act of great injustice to the four gentlemen who were displaced; we do not see how the board of trustees could have made such a blunder.

The trouble is not with the medical board, but with the attempt to put a "lady directress" at the head of a general hospital, with almost absolute power. It is a wrong position for a "lady" to hold, and it is strange that her friends cannot appreciate the fact; it is unjust to the medical staff, who are well informed in regard to hospital management, to allow a directress to dictate in regard to matters strictly medical, and whose only recommendation is a good executive ability and a desire to be a second Florence Nightingale, but who has shown an entire want of tact in getting on smoothly with those with whom she is brought in contact. The board have appointed Drs. S. T. Hubbard, G. M. Smith, F. A. Burral, and V. S. Wooley in the place of those physicians dismissed. It is rumored that the greater portion of the old medical board will resign. If the tenure of office, as an attending physician or surgeon to a hospital, is to be limited by the likes and dislikes of one of the subordinate officers of that institution, the sooner the profession become aware of the fact the better; but few gentlemen will be willing to place themselves in such positions. Only one case of dismissal, and that for failing health and reason, has ever been known in New York until now. There is considerable feeling among the profession in regard to this matter, and a strong protest is being very generally signed against the gross injustice of the action of the trustees towards those of the medical staff who have been dismissed. The daily papers are taking up the theme, and the whole subject of hospital management bids fair to be pretty well discussed before this affair is settled; if the relations existing between the governing boards of charitable institutions and their medical attendants can be placed upon a more harmonious footing, and the physician be looked upon more as a co-worker than one to be watched and suspected, the medical profession will not alone be the gainers.

I have heard of several changes that have been made in the faculty of the College of Physicians and Surgeons. Dr. Francis Delafield has been appointed adjunct professor of theory and practice of medicine, Dr. John G. Curtis adjunct professor to the chair of physiology, and Dr. Charles McBurney demonstrator of anatomy.

The University Medical College is putting up a new building, to be ready for use by the first of October. Their old building, which has been occupied for only a few years, has been found too small and inconvenient for their increased prosperity.

The *Psychological Journal* will pass out of the editorial control of Dr. W. A. Hammond after the first of June, and Dr. Allen McL. Hamilton will have

charge of it. It will be changed from a monthly to a quarterly journal. There is certainly room for a good periodical of this description in New York, and that it may prove a success is the wish of all those who have the well-being of the profession at heart.

Quite a subject of remark has been made of late of the fact that some gentlemen who have read papers before two of the medical societies have had very full abstracts printed of such papers in the daily journals. The propriety of such publications is seriously questioned, as it certainly opens the door to a practice tending to lower the standard of professional respect, and partakes very much of the nature of quackery. We have seen reports, and in some instances nearly the whole paper, printed in one of the daily papers the morning after it was read, such as the treatment of pneumonia, diphtheria, etc. This is wrong, as it tends to destroy the confidence between the sick and their physician; it is simply a species of advertising. It is high time some action was taken by those societies which have permitted certain members to use their names to further their own ends, to the detriment of their brother practitioners. They may call it what they will, try to explain it away by stating "that they are trying to educate the public," etc., but it is rather a strange coincidence that the name and address of the writer is always to be found in some part of the paper.

There is a great amount of malarial trouble in New York. We always have it with us, but it seems to be unusually prevalent this season. It is an influence we always have to contend against in treating all kinds of disease. New York is badly sewered, and in the upper portions of the city most of the houses are built over old swamps and ponds which have been filled in without any means being provided to drain the land; hence all the houses are damp and unhealthy. We have to give a great deal of quinine, and that in doses that would surprise those not accustomed to practice in malarial districts.

MAY 10, 1875.

LETTER FROM CHARLESTON.

MESSRS. EDITORS, — It occurs to me that I could not comply with your request more appropriately than by furnishing a sketch of our short-comings in the distant South in matters pertaining to our profession. Our State medical convention has just met. In its attempts, within the past few years, at reorganization, you will see from the small attendance at our meetings, and the meagre reports we furnish, to what extent the well-known embarrassments in our country have affected progress in every department in the commonwealth of knowledge. There were scarcely more than forty permanent members present from all parts of our State. Dr. James McIntosh, of Newberry, presided, and delivered an interesting address on the use of hypodermic injections of the extract of ergot in uterine and other hæmorrhages.

Dr. J. F. M. Geddings, chairman of the committee, reported on Bright's disease, but the length of an exhaustive essay illustrated by cases permitted

him to read only abstracts from the report, which will be published in the Transactions.

The report of the committee on puerperal convulsions was read by its chairman, Prof. J. F. Priolean, which led to an interesting discussion and will be published. A paper on acute articular rheumatism, with heart complications, treated by cold baths successfully, was read by Dr. S. Baruch, of Camden, our ex-president, who also presented a beautiful specimen of fibroma of the entire upper-jaw, which he had excised. The patient had suffered from malarial fever, and during the progress of the case was attacked with tetanus, accompanied with opisthotonos and emprosthotonos, but ultimately recovered.

In some remarks which followed the perusal of these cases, Prof. M. Michel observed that the supervention of tetanus invested the surgical case with great interest, as operations on the jaw usually terminated favorably, and he believed that tetanus scarcely ever was known to follow them, in patients otherwise healthy. In the record which he had published of a very large number of gunshot wounds of the face, occurring during the war, he had not met with a single instance of tetanus, to which fact he had specially called attention. The occurrence of this accident after an excision of the jaw, he was inclined to refer to the malarial taint from which it was apparent the patient had suffered, and not to injury in a region in which the severest mutilations were seldom, if indeed ever, followed by tetanic complications.

Dr. Robert Gibbes, of Columbia, inquired whether Fergusson reported any tetanic symptoms in the many exsections of the jaw which he has recorded, observing that he thought the question certainly was interesting in this connection.

Dr. Baruch was not sure that the tetanus in this case was due to malarial origin; he had looked upon it as incidental to the operation. He did not remember whether Fergusson's cases gave any instances of tetanus.

Prof. F. L. Parker showed an apparatus for remedying contractions of cicatrices after burns, and exhibited a case successfully relieved by it.

Dr. A. H. Moore read a paper on the essential nature and causes of meningitis spinalis, referred to committee on publication.

At this juncture a telegram was received from the Alabama Medical Association, in session at Montgomery, conveying "kind and fraternal feelings for bodies assembled for like high purposes," to which the secretary was instructed to respond.

Prof. R. A. Kinloch read an account of an intra-uterine elastic stem-pessary of his invention, dwelling upon the indications for its use. This paper called forth an animated discussion, kept up by the exhibition of a modified pessary, the invention of Dr. Priolean, accompanied with drawings enabling Dr. Priolean to fully explain the class of cases to which it was adapted. This prolonged debate was participated in by Drs. Baruch, Gibbes, Buist, and others.

Some instruments for facilitating the difficult operation of staphylorraphy, and vesico-vaginal fistula, contrived by Dr. E. B. Turnipseed, of Columbia, were shown and explained by him; they were much admired for the perfection of their execution, and the doctor was requested to report practical results at the next annual meeting.

Dr. Taylor, of Columbia, now introduced a patient of his with a laryngeal tumor, which was well exhibited to many of the members, with the laryngoscope. Dr. Taylor had successfully performed laryngo-tracheotomy for temporary relief; he gave a synopsis of the treatment and a description of the proposed operation for its removal.

The next patient presented, was one who had been trephined one year ago by Dr. Darby, of Columbia. The patient was somewhat improved, though still paralytic; he had had but three epileptic seizures since the operation.

Prof. F. P. Porcher read a paper on the open dressing of wounds.

Dr. Wiley gave an account of a case of strychnine poisoning, and a paper on the use of atropia in threatened abortion.

Prof. M. Michel brought a young man before the association with ptosis of the left eye, mydriasis, paralysis of all the recti muscles except the external rectus, complete facial paralysis, and slight paralysis of the left arm. When Dr. Michel saw this gentleman in consultation, confined to bed with complete paralysis of the left side and other symptoms above mentioned, he was informed of a previous attack of syphilis, for which he had been treated. On attempting to walk he had lost all power of coördinating his movements, and was irresistibly propelled to the left until driven against the wall. He had suffered much with headache and circum-orbital neurosis, and a disposition to sleep. There was little doubt of some intra-cranial trouble at the roots of the third and seventh pair of nerves, of a syphilitic origin. Under proto-iodide of mercury, and friction with mercurial ointment, he had somewhat improved; could now walk and use left arm; facial paralysis was slowly disappearing, since he has recovered the use of the buccinator so that he whistles. This case will doubtless be detailed in full.

The last evening's session was made very interesting by a communication from Dr. I. W. Angel. A valuable specimen of a ruptured uterus at about the fourth month of gestation accompanied the reading of this paper. It appears that external violence caused the rupture.

In the remarks elicited, Professor Priolean said that the difficulty the obstetrician encountered in these cases was the diagnosis of the real nature and extent of the injury; whether it was a case of tubal pregnancy, or partial laceration of the uterus which might permit of delivery *per vias naturales*, or whether gastrotomy was called into requisition. He said that Trask had collected a number of such cases.

Dr. R. Gibbes said that the accident was rare, however, particularly at so early a period of pregnancy. While he was house physician at the Dublin Hospital, many years ago, he had seen the only case which has ever come under his direct observation, but here pregnancy had advanced to the seventh or eighth month.

Dr. Wiley inquired whether a fœtus thus escaping into the abdominal cavity might not become encysted, lead to an abscess, and be subsequently eliminated by piecemeal.

Dr. J. S. Buist mentioned one case which occurred in his private practice some years ago. He found a child at full term, born dead, still connected by the funis to its mother, who herself was lying dead in her bed. An interesting *post mortem* made by himself and two of his colleagues disclosed a rupt-

ured uterus, with some ramollissement about the fundus. She had previously had some difficulty with a retained placenta in an antecedent pregnancy.

Professor Michel observed that as Dr. Angel had invited him to examine the specimen, which on account of its rarity had interested him much, he could not forbear making some remarks upon the subject. It was not many years since the Société Medical d'Émulation, in Paris, had offered a prize for the best essay on this subject, which led to the publication of a work by Duparcque, in which, in 1836, not more than sixty-eight cases were gathered from the annals of our science. Nevermann, in Germany, soon followed up the subject, adding a record of two hundred and ninety cases, and some years after, Dr. Trask published a total summary of over four hundred cases, which nevertheless shows how rare an occurrence the rupture of the uterus must be at any period of gestation.

The most extraordinary cases of this accident are undoubtedly the spontaneous rupture of the virgin uterus from simple abnormal growths, such as hydatids and accumulations of other morbid products. When lacerations occur in early pregnancy the womb doubtless is diseased, perhaps always softened, unless some violence be the cause. Now in Dr. Angel's case the womb did not appear to him to be diseased, while the history of the case proves that it had been made to sustain pressure from the knee of another as described in the paper.

He did not suppose that muscular contractions at the fourth month were sufficiently energetic to produce laceration of the organ in the absence of textural change in its walls, therefore the few cases which have occured at or between the third and fourth months of pregnancy have either a traumatic or a pathological cause.

In reply to Dr. Wiley's inquiry, he would state that instances have been recorded where an embryo escaping into the abdominal cavity has been encysted, retained throughout a subsequent normal pregnancy, and ultimately been discharged through a parietal abdominal abscess. As to the course to be pursued in such complications at any period after the third or fourth months, he would certainly advocate and at once practice gastrotomy, more particularly as experience had taught us not to dread the opening of the peritoneal sac as much as we formerly did.

After some amendments to the constitution, one of the most important of which was to increase the number of standing committees, by the appointment of one on public hygiene, followed by the nomination and election of officers for the ensuing year, the association adjourned to meet next April in Charleston.

After the rehearsal of this professional *jugum verborum*, as dull perhaps to some of our associates as its perusal may prove to you, a circumstance of no subordinate importance considerately invited us to a more general field of combat, where the discussion of some of the other good things of the earth took place, at an entertainment well calculated to resuscitate an appetite beneath a paralyzed diaphragm, whence we all parted, each one more fully satisfied with himself. Yours truly, A MEMBER.

CHARLESTON, S. C., *April* 28, 1875.

WEEKLY BULLETIN OF PREVALENT DISEASES.

The following is a bulletin of the diseases prevalent in Massachusetts during the week ending May 22, 1875, compiled under the authority of the State Board of Health from the returns of physicians representing all sections of the State: —

In the State at large, bronchitis, rheumatism, and pneumonia prevail.

In the Connecticut Valley influenza has a local prevalence. Orange reports an increase of diphtheria. Huntington reports a case of small-pox and an epidemic of measles.

In the Midland section measles and whooping-cough have increased.

In the Northeastern counties there is an increase of measles and whooping-cough. Peabody reports cerebro-spinal meningitis.

In the Metropolitan section, the epidemic of influenza lingers in its last stages.

In the Southeastern counties there is an increase of measles.

A noteworthy feature of the week's reports is the frequent mention of "German measles" (rötheln), particularly in those from the eastern and southeastern sections.

There was a marked decline during the week in the prevalence of all acute diseases except measles, and the exception is accounted for by the increase in the peculiar affection just alluded to.

Scarlatina is most prevalent in Boston and its suburbs; measles in Worcester County; whooping-cough in the Northeastern counties.

F. W. Draper, M. D., Registrar.

COMPARATIVE MORTALITY-RATES FOR THE WEEK ENDING MAY 15, 1875.

	Estimated Population.	Total Mortality for the Week.	Annual Death-rate per 1000 during Week.
New York	1,040,000	543	27
Philadelphia	775,000	361	24
Brooklyn	450,000	200	23
Boston	350,000	152	22
Providence	100,000	35	18
Worcester	50,000	13	14
Lowell	50,000	19	20
Cambridge	44,000	26	31
Fall River	34,200	19	29
Lawrence	33,000	18	28
Springfield	33,000	7	11
Lynn	28,000	11	28
Salem	26,000	9	18

ANNUAL ELECTION OF DISTRICT MEDICAL SOCIETY OFFICERS. — Officers for the ensuing year have been chosen in the District Societies as follows: —

MIDDLESEX NORTH. — President, Dr. D. P. Gage; Vice-President, Dr. L. S. Fox; Secretary, Dr. A. W. Buttrick; Treasurer, Dr. N. B. Edwards; Librarian, Dr. M. G. Parker; Trial Commissioner, Dr. J. O. Green; Censors, Drs. C. M. Fisk, H. J. Smith, F. Nickerson, C. Dutton, G. Munroe; Councillors, Drs. G. Kimball, N. Allen, C. A. Savory, L. Howard, J. Spalding, G. H. Pillsbury, G. E. Pinkham, W. H. Leighton.

ESSEX NORTH. — President, Dr. W. Cogswell; Vice-President, Dr. F. A. Howe; Secretary and Treasurer, Dr. G. W. Snow; Librarian, Dr. M. C. Towle; Trial Commissioner, Dr. W. H. Kimball; Censors, Drs. J. Crowell, T. Kittredge, F. A. Howe, Orin Warren, J. A. Douglass; Councillors, Drs. J. C. How, W. H. Kimball, E. P. Hurd, D. Dana, C. N. Chamberlain, R. B. Root, S. K. Towle, O. F. Seavey.

PLYMOUTH. — President, Dr. N. B. Tanner; Vice-President, Dr. H. N. Jones; Secretary, Treasurer, and Librarian, Dr. B. F. Hastings; Trial Commissioner, Dr. H. W. Dudley; Censors, Drs. E. A. Chase, W. R. Howes, H. W. Dudley, W. Richards, J. C. Gleason; Councillors, Drs. A. Millet, J. C. Gleason, J. B. Brewster, W. Richards.

BRISTOL SOUTH. — President, Dr. C. D. Stickney; Vice-President, Dr. J. Dwelly; Secretary, Treasurer, and Librarian, Dr. C. D. Prescott; Trial Commissioner, Dr. F. H. Hooper; Censors, Drs. J. B. Whitaker, H. Johnson, J. B. Handy, J. Q. A. Tourtellot, C. D. Prescott; Councillors, Drs. R. T. Davis, S. W. Bowen, J. J. B. Vermyne, J. H. Mackie, J. Pierce, W. W. Comstock, G. Atwood.

WORCESTER. — President, Dr. J. O. West; Vice-President, Dr. H. Clarke; Secretary, Dr. W. H. Workman; Treasurer, Dr. J. G. Park; Librarian, Dr. L. S. Dixon; Trial Commissioner, Dr. L. F. Billings; Censors, Drs. G. E. Francis, E. B. Harvey, E. Warner, C. A. Wilcox, A. Wood; Councillors, Drs. J. S. Ames, F. W. Brigham, G. E. Francis, T. H. Gage, W. H. Lincoln, O. Martin, J. Sargent, E. M. Wheeler, J. Wilmarth.

BARNSTABLE. — President, Dr. G. W. Doane; Vice-President, Dr. S. H. Gould; Secretary, Dr. B. D. Gifford; Treasurer, Dr. C. M. Hulbert; Trial Commissioner, Dr. G. N. Munsell; Censors, Drs. P. Pineo, W. J. Nickerson, B. D. Gifford, T. N. Stone, J. M. Smith; Councillors, Drs. P. Pineo, E. Emery, T. N. Stone, C. M. Hulbert, S. H. Gould.

HAMPSHIRE. — President, Dr. F. C. Greene; Vice-President, Dr. O. F. Bigelow; Secretary, Dr. J. B. Learned; Treasurer, Dr. James Dunlap; Trial Commissioner, Dr. H. B. Stoddard; Censors, Drs. C. Seymour, G. Thompson, D. B. N. Fish; Councillors, Drs. S. A. Fisk, J. Dunlap, C. B. Smith, C. M. Barton.

ESSEX SOUTH. — President, Dr. E. Newhall; Vice-President, Dr. A. Torrey; Secretary, Dr. C. A. Carlton; Treasurer, Dr. W. Mack; Librarian, Dr. D. Coggin; Trial Commissioner, Dr. W. Mack; Censors, Drs. J. Garland, A. Kemble, O. B. Shreve, S. W. Torrey, J. G. Pinkham; Councillors, Drs. A. H. Johnson, D. Perley, A. Torrey, W. Mack, E. Newhall, G. S. Osborne, G. A. Perkins, P. M. Chase.

MIDDLESEX EAST. — President, Dr. S. W. Abbott; Vice-President, Dr. F. Winsor; Secretary, Dr. A. Ames; Treasurer, Librarian, and Trial Commissioner, Dr. A. Chapin; Censors, Drs. F. Winsor, F. F. Brown, A. H. Cowdrey, J. O. Dow, D. W. Wight; Councillors, Drs. F. F. Brown, S. W. Abbott, F. Winsor.

NORFOLK. — President, Dr. S. E. Stone; Vice-President, Dr. J. P. Maynard; Secretary, Dr. A. H. Nichols; Treasurer, Dr. G. J. Arnold; Librarian, Dr. D. S. Fogg; Trial Commissioner, Dr. R. Amory; Censors, Drs. F. W. Goss, W. B. Trull, G. Faulkner, J. W. Chase, O. F. Rogers; Councillors, Drs. R. Amory, G. J. Arnold, H. Blanchard, B. E. Cotting, F. F. Forsaith, J. Stedman, C. C. Tower, C. C. Hayes, J. Seaverns, R. T. Edes, J. H. Morison.

SUFFOLK DISTRICT MEDICAL SOCIETY. — A meeting will be held at the rooms in Temple Place, on Saturday, May 29th, at 7.30 P. M. The following papers and cases will be read: Dr. S. G. Webber, Spinal Meningeal Hæmorrhage; Dr. C. E. Brown-Séquard, The Actual Cautery: its Uses and Power; Dr. D. W. Cheever, Myeloid Disease of the Head of the Tibia; Dr. B. J. Jeffries, Rare Form of Tumor of Optic Nerve; Dr. J. R Chadwick, Galactocele. Members of other district and State societies are cordially invited.

DR. BROWN SÉQUARD will deliver a lecture in the lecture room of the Natural History Society, at 7½ P. M., on Tuesday, June 1st.